

SERFF Tracking Number:	CNNB-125841700	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	\$50
Company Tracking Number:	W-09-7053-AR		
TOI:	04.0 Homeowners	Sub-TOI:	04.0005 Other Homeowners
Product Name:	Personal Watercraft I.D.		
Project Name/Number:	/		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: Personal Watercraft I.D.

TOI: 04.0 Homeowners

Sub-TOI: 04.0005 Other Homeowners

Filing Type: Form

Effective Date Requested (New): 04/01/2009

Effective Date Requested (Renewal): 04/01/2009

State Filing Description:

SERFF Tr Num: CNNB-125841700 State: Arkansas

SERFF Status: Closed

Co Tr Num: W-09-7053-AR

Co Status:

Author: Matt Terrell

Date Submitted: 10/02/2008

State Tr Num: \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Disposition Date: 10/14/2008

Disposition Status: Approved

Effective Date (New): 04/01/2009

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/14/2008

State Status Changed: 10/14/2008

Corresponding Filing Tracking Number:

Filing Description:

Editorial revision to the I.D. card.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Matt Terrell, Senior Filings Analyst

6200 S. Gilmore Road

matt_terrell@cinfin.com

(513) 603-5264 [Phone]

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Fairfield, OH 45014

(513) 881-8885[FAX]

Filing Company Information

The Cincinnati Insurance Company

CoCode: 10677

State of Domicile: Ohio

6200 S. Gilmore Rd.

Group Code: 244

Company Type:

Fairfield, OH 45014

Group Name:

State ID Number:

(513) 870-2000 ext. [Phone]

FEIN Number: 31-0542366

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$0.00	10/02/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$50.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/14/2008	10/14/2008

<i>SERFF Tracking Number:</i>	<i>CNNB-125841700</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/14/2008

Effective Date (New): 04/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Memorandum	Approved	Yes
Form	Watercraft I.D. card	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Watercraft I.D. card	IP443AR	4/09	Application/ Replaced Binder/Enrollment	Replaced Form #: Previous Filing #:		IP443AR 04-09.pdf

THE CINCINNATI INSURANCE COMPANY
WATERCRAFT LIABILITY I.D. CARD

State _____ Date Processed _____
Policy Number _____ Effective Date _____ Expiration Date _____
Insured _____

Year _____ WATERCRAFT INSURED
Manufacturer _____ Hull Identification No. _____

Signature _____

IN CASE YOU HAVE AN ACCIDENT ...
CALL YOUR AGENT ...

The Cincinnati Insurance Company
P.O. Box 145496, Cincinnati, OH 45250-5496

IP443AR (4/09)

KEEP THIS CARD
IN YOUR WATERCRAFT
WHILE IN OPERATION

We can serve you better if you ...

1. Report all claims immediately to the police and to your agent.
2. Get the names, addresses and telephone numbers of all drivers, owners and occupants of the other watercraft involved.
3. Get the names, addresses and telephone numbers of any witnesses.
4. Do not accept responsibility or discuss the accident with anyone except the coast guard or a representative of this Company.

SUPPLEMENTARY PAYMENTS

This Company agrees, through its Representatives or otherwise, to pay premiums or costs on bonds to release attachments, also, the premium on or cost of bail bonds not to exceed the limit per bail bond listed in "supplementary payments" in the policy. The Company has no obligation to apply for or furnish any such bonds.

SERVICE TO YOU IS OUR MAIN CONCERN

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/14/2008
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Comments:

Attachment:

P&C Transmittal.pdf

Satisfied -Name:	Form Memorandum	Review Status:	Approved	10/14/2008
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Comments:

Attachment:

FoMemo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
The Cincinnati Insurance Companies	10677

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	OH	0244-10677	31-0542366	

5. Company Tracking Number	W-09-7053-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Matt Terrell P.O. Box 145496 Cincinnati, OH 45250-5496	Senior Analyst	513.603.5264	513.881-8885	matt_terrell@cinfin.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Matt Terrell

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Personal Lines
10. Sub-Type of Insurance (Sub-TOI)	Personal Watercraft
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Personal Watercraft Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 4/1/09 Renewal: 4/1/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	

20. This filing transmittal is part of Company Tracking #	W-09-7053-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Editorial revision to I.D. Card

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]	
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Check #: EFT
Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**THE CINCINNATI INSURANCE COMPANY
ARKANSAS PERSONAL WATERCRAFT PROGRAM
RULE MEMORANDUM
Filing # W-09-7053-AR**

New or Revised Form	Replaced Form	Description of Change
IP443AR 4/09	IP443AR 10/08	WATERCRAFT I.D. CARD is revised to state "Hull I.D." in place of "Watercraft I.D."